

#9/11
7/24/03



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT "A"

APPLICANTS: Clasbrummel et al. CONFIRMATION NO. 4762
SERIAL NO.: 10/036,618 GROUP ART UNIT: 2125
FILED: December 21, 2001 EXAMINER: C. R. Rodriguez
TITLE: "METHOD AND APPARATUS FOR PREPARING AN
ANATOMICAL IMPLANT"

MAIL STOP NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED

JUL 16 2003

Technology Center 2100

S I R:

In response to the Office Action dated April 14, 2003, Applicants herewith
amend the application as follows.

2125

TELEPHONE (312) 258-5500



SCHIFF HARDIN & WAITE

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Clasbrummel et al.

CONFIRMATION NO.: 4762

Serial No.: 10/036,618

GROUP ART UNIT: 2125

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For: "METHOD AND APPARATUS FOR PREPARING AN ANATOMICAL IMPLANT"

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Technology Center 2100

Commissioner for Patents
P. O. Box 1450
Alexandria, VA. 22313-1450
SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 20	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	* 2	MINUS	3	X	() X 42.00 () X 84.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$140.00 () \$280.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is attached.

☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA. 22313-1450 on July 9, 2003

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

July 9, 2003

DATE